

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040987

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 89

FILED OCT 15 1963

VS 300  
Rev. 4/59

1 0860

2 0860

3

4 1

5 9

6

7 1

8 12

9 4341

10

11

12 1-2

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)

Unionville

Length of stay in 1b

14 years

c. FULL NAME OF (If NOT in hospital, give location)

Monroe Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Putnam

c. CITY

Unionville

Inside Limits

Yes ☒ No ☐

d. STREET

110A South 17th.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

Carrie

Jane

Cuddeback

## 4. DATE OF DEATH

Month

Day

Year

October 9 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12-27-1867

## 9. AGE (last birthday)

95

## IF UNDER 1 YEAR

Months 10 Days 12

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Own Home

## 11. BIRTHPLACE (City and state or country)

Janesville, Iowa

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Nathen Simpson

## 13b. MOTHER'S MAIDEN NAME

Ella Rundles

## 14. NAME OF HUSBAND OR WIFE

Egbert Cuddeback

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

110A South 17th.

Gladys Freeborn Unionville, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Inanition and debilitation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

Chronic invalidism

#### DUE TO (c)

Senility

## INTERVAL BETWEEN ONSET AND DEATH

years

indetermined

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Congestive Cardiopulmonary Changes.

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Oct. 6, 1963

to Oct. 9, 1963

and last saw her alive on

Oct. 9, 1963

## Death occurred at

2:00 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Thaddeus J. No.

## 22b. ADDRESS

Unionville, Missouri

## 22c. DATE SIGNED

10-11-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Oct. 12 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Unionville Cemetery

## 23d. LOCATION (City, town, or county)

Unionville, Missouri

(State)

## 24. FUNERAL DIRECTOR

Comstock Funeral Home

## ADDRESS

Unionville, Mo.

## 25. DATE RECD. BY LOCAL REG.

10-11-63

## 26. REGISTRAR'S SIGNATURE

Marvill Dushin

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Wm F Comstock, Student Embalmer No. 694

working under my personal supervision.

Student

Wm F. Comstock  
Signature of Student Embalmer

Signed

James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.